

Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name Andy Gipson (Friends of Andy Gipson)
Full Address 414 Holly Grove Circle Braxton, MS 39044
Telephone 601-847-0417 Fax 601-949-4804
Contact Name Andy Gipson Email gipson-andy@gmail.com
Office Sought Rep. District 77 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>1,250.00</u> + \$ <u>0</u>	\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
Total amount of disbursements	\$ <u>0</u> + \$ <u>179.22</u>	\$ <u>179.22</u>	\$ <u>179.22</u>
Total amount of cash on hand		\$ <u>1,485.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Andy Gipson
Signature of Candidate

1-29-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Andy Gipson
 Reporting period 1-1-2009 through 12-31-2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Friends of Andy Gipsen
 Reporting period 1-1-2009 through 12-31-2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific LLC</u>		<u>10 / 12 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>12 / 10 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 10845</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39289</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MS PAC</u>		<u>8 / 31 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol St. Landmark Ctr. Rm 703</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Total \$1,250.00